

*****ATTACHMENTS*****

MINUTES

BOARD OF LICENSE EXAMINERS - 5:00 PM (Tuesday, August 3, 2021)

Generated by Gary Van Auken on Wednesday, August 4, 2021

1. OPENING OF MEETING

Action, Procedural: 1.1 Roll Call

Procedural: 1.2 Call to Order

Board Members Present: Ald. Markus Savaglio, Craig Seider, Todd Thone, Dan Zelm

Staff/Officials Present: Building Inspector Pat Eirich (Secretary)

Others Present: Chad Reichelt

Procedural: 1.3 Pledge of Allegiance

Procedural: 1.4 Introduction of Commission members and staff

2. MINUTES

Action, Minutes: 2.1 Approval of Minutes - June 1 & June 15, 2021

Motion by Dan Zelm, seconded by Todd Thone to approve the minutes of June 1, 2021 and June 15, 2021

3. ITEMS FOR ACTION

Action: 3.1 Contractor #48754 - Chad D Reichelt - General Contractor

Motion by Dan Zelm, seconded by Todd Thone to grant taking General Contractor exam. Motion carried.

Motion by Dan Zelm, seconded by Craig Seider to grant city General Contractor license. Motion carried.

4. NEXT MEETING DATE

Action: 4.1 Next scheduled meeting October 5, 2021 at 5:00 p.m.

Motion by Dan Zelm, seconded by Todd Thone to have next meeting on October 5, 2021 at 5:00 p.m. Motion carried.

5. ADJOURN

Action: 5.1 Motion to Adjourn

Motion by Dan Zelm, seconded by Todd Thone to adjourn at 5:10 p.m. Motion carried.



www.sheboyganwi.gov

BUILDING INSPECTION DEPARTMENT
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442
Phone: (920) 459-3477
Fax: (920) 459-0210
buildinginspection@sheboyganwi.gov

Application No. 39784 Sheboygan, Wis., 11-9, 20 21
Approved by: _____ on _____

TO THE BOARD OF LICENSE EXAMINERS OF THE CITY OF SHEBOYGAN, WISCONSIN

The undersigned hereby applies for a Carpenter License/REGISTRATION
to allow him/her to do work at: 2042 Jay Road or in the City of
Sheboygan, Wisconsin during the year ending December 31, 20__.

The Application fee of \$25.25 has been paid to the Building Inspection Department as shown by Receipt
Number _____. License/Registration Fee of \$_____ is to be made upon issuance of the
License/Registration.

All of the following questions must be answered:

- 1 First Name Steve Middle Initial J Last Name Coffee
Home Address 854 Delta Street Phone # (262) 443-2762
City Cleveland State WI Zip(+4) 53015-1582
2 Date of Birth 8/10/70 Place of Birth West Allis, WI
3 Are you employed? yes For Whom? T. Coffee Construction
How long have you been employed by them 8 years _____ months.
email sjcoffee@yahoo.com
Work Address 854 Delta Street Phone # (262) 443-2762
City Cleveland State WI Zip(+4) 53015
4 State Credentials: Dwelling Contractor: DLQ 082100883 Dwelling Qualifier: DL 082100908
5 How long have you worked as a Contractor ? Answer: 30 years.
For whom did you work during this period? (List only the last 10 years)
For Leathernecks Address 711 York St Manitowish
From 1994 To 2019
For T. Coffee Const Address 854 Delta Street
From 2020 To Present
6 State in detail the type of work you have been doing: Deck & Fence Construction,
Shed & Garage Construction, Flooring, Interior Remodels, etc.
and the type of work you expect to do in the future: Same



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7 Have you attended a trade school: yes. If yes, give name and address of school(s) attended:

Superior College
VT Carpentry

Did you serve an apprenticeship period? No. If so, state with whom, and give dates:

8 Have you ever applied for a City license? No If so, give type, place, and date

Was it granted? _____

Have you ever had a license denied, refused, or revoked? _____

If so, explain; giving place and date _____

9 N/A Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Registration you are applying for? yes. Are you familiar with the definition of, and can perform the work required under the Municipal Code? yes. Are you willing to take a written examination for a yes license/registration if required to do so by the BOARD of LICENSE EXAMINERS (License application only)? _____.

10 If you are granted a registration/license, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? yes.

All Applications requiring Board of License Examiners approval must be submitted by 3rd Wednesday prior to scheduled meeting.

I, the applicant, mentioned in the foregoing application for a _____ License/Registration, have read each of the foregoing questions from 1 to 10 inclusive; to which I have made answer, and said answers in each instance are true and correct.

Witnessed: Ellise Rose
Print Name: Ellise Rose
Address: 828 Center Ave
Sheboygan WI 53081

[Signature]
APPLICANT SIGNATURE

October 26, 2001

TO ALL BUILDING CONTRACTORS:

To better utilize available hours of Building Inspection Department personnel, it is important to reemphasize the process and procedures provided for in city and state codes for required inspections. Please read the attached carefully and adhere to the requirements. If a required inspection is not requested of our department, a penalty inspection fee of \$50 will be assessed. The inspection, at your own expense, is still required even if this means having to uncover, dismantle, or excavate the area.

BUILDING INSPECTION DEPARTMENT

After you read the attached required inspections, please sign below. **This sheet must accompany your annual license renewal and will be kept on file.**



Building Contractor - Signature

11-9-21

Date



Building Contractor - please print

Approved by: _____

TO THE BOARD OF LICENSE EXAMINERS OF THE CITY OF SHEBOYGAN, WISCONSIN

The undersigned hereby applies for a Carpenter **LICENSE** to allow him/her to do work at: Sheboygan or in the City of Sheboygan, Wisconsin during the year ending December 31, 2020.

The Application fee of \$ _____ has been paid to the Building Inspection Department as shown by their Receipt No. _____, Registration / License Fee of \$ _____ is to be made upon issuance of the License/Registration.

All of the following questions must be answered:

1 First Name Remiro Middle Initial G Last Name Mireles
Home Address 1316 W. Winnebago St Phone # (920) 809-7445
City Appleton State WI Zip(+4) 54914 3312

2 Date of Birth 01/17/69 Place of Birth Reynosa, Mexico
3 Are you employed? Self For Whom? Mireles Remodeling and
How long have you been employed by them 20 years _____ months. K Bee Window & Siding
email mirelesremiro4@gmail.com
Work Address Same Phone # () _____
City _____ State _____ Zip(+4) _____

4 State Credentials: Dwelling Contractor: NO Dwelling Qualifier: NO

5 Did you serve an apprenticeship period? NO, If so, state with whom, and give dates: _____

6 How long have you worked as a Carpenter? Answer: 30 years.
For whom did you work during this period? (List only the last 10 years)
For Mireles Remodeling Address 1316 W. Winnebago St Appleton
From 1999 to present
For K Bee Window & Siding Address 109 N 60th St - Menasha
From 2018 to present

7 State in detail the type of work you have been doing: Roof - Shingles & Steel
and the type of work you expect to do in the future: Same

8 What schools have you attended? (Give grade, high school, and college if any):
College 3 years
Have you attended a trade school: NO. If yes, give name and address of school(s) attended: _____

9 Have you ever applied for a City license? NO If so, give type, place, and date _____
Was it granted? _____ Have you ever had a license denied, refused, or revoked? _____
If so, explain; giving place and date _____

10 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the Registration/License you are applying for? Yes Are you familiar with the definition of, and can perform the work required under the Municipal Code? Yes. Are you willing to take a written examination for a roofer license if required to do so by the BOARD OF EXAMINERS? _____ (License application only).

11 If you are granted a registration/license, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? Yes

All Applications requiring Board of License Examiners approval must be submitted by 3rd Wednesday prior to meeting.

I, the applicant, mentioned in the foregoing application for a _____ Registration/License, have read each of the foregoing questions from 1 to 10 inclusive; to which I have made answer, and said answers in each instance are true and correct.

Witnessed: [Signature]
Print Name: Joel Koehler
Address: 109 N 10th St
Menasha WI 54220

[Signature]
APPLICANT SIGNATURE



City of
Sheboygan
 spirit on the lake.

TO ALL BUILDING CONTRACTORS:

To better utilize available hours of Building Inspection Department personnel, it is important to reemphasize the process and procedures provided for in city and state codes for required inspections. Please read the attached carefully and adhere to the requirements. If a required inspection is not requested of our department, a penalty inspection fee of \$50 will be assessed. The inspection, at your own expense, is still required even if this means having to uncover, dismantle, or excavate the area.

BUILDING INSPECTION DEPARTMENT

After you read the attached required inspections, please sign below. This sheet must accompany your license application and will be kept on file.

Remiro Mireles
 Building Contractor - signature

10/31/19
 Date

Remiro Mireles
 Building Contractor - please print

BUILDING INSPECTION
 CITY HALL
 128 CENTER AVE., SUITE 105
 SHEBOYGAN, WI
 53091-4442
 TEL 920/459-4064
 FAX 920/459-0210
 www.cityofsheboygan.info



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BUILDING INSPECTION DEPARTMENT

828 Center Avenue, Suite 208

Sheboygan, WI 53081-4442

Phone: (920) 459-3477

Fax: (920) 459-0210

buildinginspection@sheboyganwi.gov

Application No. 33991 Sheboygan, Wis., 11/17, 2021
Approved by: _____ on _____

TO THE BOARD OF LICENSE EXAMINERS OF THE CITY OF SHEBOYGAN, WISCONSIN

The undersigned hereby applies for a Carpenter LICENSE/REGISTRATION
to allow him/her to do work at: _____ or in the City of
Sheboygan, Wisconsin during the year ending December 31, 20____.

The Application fee of \$_____ has been paid to the Building Inspection Department as shown by Receipt
Number _____. License/Registration Fee of \$_____ is to be made upon issuance of the
License/Registration.

All of the following questions must be answered:

1 First Name Mary Middle Initial A Last Name Mullens
Home Address 16956 Bridgewood Rd Phone # (920) 451-4629
City Sheboygan Falls State WI Zip(+4) 53085-2002

2 Date of Birth 5/25/64 Place of Birth Sheboygan WI

3 Are you employed? yes For Whom? Mullens idim + Rookii, LLC
How long have you been employed by them 17 years _____ months.
email mullens1313@yahoo.com 627-1246
Work Address 1313 Michigan Ave Phone # (920) 459- Tom
City Sheboygan State WI Zip(+4) 53081

4 State Credentials: Dwelling Contractor: _____ Dwelling Qualifier: _____

5 How long have you worked as a Office work ? Answer: 17 years.
For whom did you work during this period? (List only the last 10 years)

For Tom mullens Address 1313 Michigan Ave
From _____ To _____
For _____ Address _____
From _____ To _____
For _____ Address _____
From _____ To _____

6 State in detail the type of work you have been doing: Dayroll, estimates,

and the type of work you expect to do in the future: yes

7 Have you attended a trade school: NO. If yes, give name and address of school(s) attended:

Did you serve an apprenticeship period? NO. If so, state with whom, and give dates:

8 Have you ever applied for a City license? no If so, give type, place, and date _____

Was it granted? _____ Have you ever had a license denied, refused, or revoked? no

If so, explain; giving place and date _____

9 Have you read the Ordinance and all amendments to date which were passed by the Common Council of the City of Sheboygan, Wisconsin, pertaining to the License/Registration you are applying for? NO. Are you familiar with the definition of, and can perform the work required under the Municipal Code? yes. Are you willing to take a written examination for a yes license/registration if required to do so by the BOARD of LICENSE EXAMINERS (License application only)? yes

10 If you are granted a registration/license, will you comply with the Ordinance and its amendments, and with the orders of the Inspector? yes.

All Applications requiring Board of License Examiners approval must be submitted by 3rd Wednesday prior to scheduled meeting.

I, the applicant, mentioned in the foregoing application for a _____ License/Registration, have read each of the foregoing questions from 1 to 10 inclusive; to which I have made answer, and said answers in each instance are true and correct.

Witnessed: _____
Print Name: _____
Address: _____

Mary Mueller
APPLICANT SIGNATURE



BUILDING INSPECTION DEPARTMENT
828 Center Avenue, Suite 208
Sheboygan, WI 53081-4442
Phone: (920) 459-3477
buildinginspection@sheboyganwi.gov

October 26, 2001

TO ALL BUILDING CONTRACTORS:

To better utilize available hours of Building Inspection Department personnel, it is important to reemphasize the process and procedures provided for in city and state codes for required inspections. Please read the attached carefully and adhere to the requirements. If a required inspection is not requested of our department, a penalty inspection fee of \$50 will be assessed. The inspection, at your own expense, is still required even if this means having to uncover, dismantle, or excavate the area.

BUILDING INSPECTION DEPARTMENT

After you read the attached required inspections, please sign below. **This sheet must accompany your annual license renewal and will be kept on file.**

Building Contractor - *Signature*

Date

Building Contractor - *please print*